



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
*1102 SE Quince Street • PO Box 47990
Olympia, Washington 98504-7990*

February 19, 2003

The Honorable Alex Deccio, Chair
Senate Health & Long Term Care Committee
213A Newhouse Building
Post Office Box 40414
Olympia, Washington 98504-0414

Dear Senator Deccio:

The Washington State Board of Health, like you, is very concerned that our state's fiscal situation seems to require reductions in publicly subsidized medical care. We know that lack of access to medical care is a risk factor for illness and death. Given different fiscal circumstances, we would hope to see expanded access. However, we recognize that government must live within its means, especially given our current tax structure and these very difficult economic times. That said, the Board supports the general aims of Senate Bills 5807 and 5313, if not some of their specific provisions. Both appear to be efforts to live within projected revenue by trimming the basic health plan (BHP), and so minimizing the need to reduce enrollment. We agree that retaining access to proven medical care, even if the scope of that care must be limited, is preferable to eliminating large numbers of people from any subsidized access at all.

The two bills offer complex and somewhat different visions of BHPs future and the future of access to critical medical care. Senator Kastama's bill would make the reconfigured BHP benefits package a mandated offering in the individual market, create a moratorium on new mandated benefits and require several studies. Senator Parlette's bill focuses more closely on the BHP, giving greater flexibility to the health care authority (HCA) to create a leaner, more cost effective benefit, targeted more narrowly and for a limited period of time in an enrollee's life.

The Board has spoken often of our support for evidence-based medicine. We are pleased that both bills establish this standard, including the required coverage of proven clinical preventive services with no co-payment. We appreciate SB 5313's explicit mention of the Board's work in this area as a basis for determining "preventive services".

We support SB 5807's direction that "The basic health plan shall reflect the conscientious, explicit, and judicious use of current best evidence with regard to patient care". And we support similar direction in SB 5313 regarding both BHP and public employee benefits. Currently, HCA uses these standards and a legislative mandate to include substance abuse treatment, mental

health treatment, and prescription drugs. The Board is concerned however, that SB 5807's removal of the mandates for these proven services might create confusion about the legislature's intention for their inclusion.

While we have no objection to relieving HCA from the need to consider all currently mandated benefits when setting the BHP benefits package, we are concerned about repealing direction to consider any existing private insurance mandates. It would be a step away from evidence based medicine if the HCA abandoned coverage of proven services like mammography, mastectomy, reconstructive breast surgery, diabetes equipment and supplies, prenatal screening, newborn screening, home health and hospice, and limited neurodevelopmental treatment of children 0 to 6.

Although we are supportive of the priorities for coverage emerging in these bills, we are mindful that even the very best priorities are not a substitute for adequate funding. BHP works because it removes the single greatest barrier to access --- affordability. For this reason, we view with concern requirements like a \$5,000 annual family deductible in SB 5313. What will families with incomes barely above the federal poverty level forego to satisfy this? We view similarly the five year maximum on benefits in SB 5807. What will a chronically ill person do when they have exhausted this limit?

We know these are very difficult times for our state and very hard choices must be made. We applaud your efforts to step up to these challenges and stand ready to help in any way we can.

Sincerely,



Linda Lake
Chair, Washington State Board of Health

cc: Senate Health & Long Term Care Committee Members
Senator Jim Kastama
Washington State Board of Health Members
Don Sloma, State Board of Health
Ree Sailors, Governor's Office of Health Policy
Mich'l Needham, Governor's Office of Health Policy
Patty Hayes, Department of Health
Maxine Hayes, Department of Health
Ida Zodrow, Health Care Authority Administrator